

PTO/SB/81 (05-03)

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Application Number	
Filing Date	
First Named Inventor	MOVSAS, TAMMY
Title	COLLAPSIBLE PORTABLE
Art Unit	
Examiner Name	
Attorney Docket Number	3075-04

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Tammy Movsas		
Signature	<i>Tammy Z. Movsas</i>		
Date	7/26/04	Telephone	856-667-6975

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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